

<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">A</div> <div> <b>CLAIMS ONLY</b> </div> </div>							Application Number <div style="font-size: 1.5em;">10/648542</div>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep	2						Indep					
Total							Total					
Depend	45						Depend					
Total							Total					
Claims	47						Claims					